

FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT EQUIPMENT SUMMARY RECORD										Page of		
1. APPLICANT			2. PA ID		3. PW #					4. DISASTER NUMBER		
5. LOCATION/SITE					6. CATEGORY					7. PERIOD COVERING to		
8. DESCRIPTION OF WORK PERFORMED												

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY								COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE								TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
GRAND TOTALS													\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.		
CERTIFIED	TITLE	DATE